

APPLICATION COVER SHEET

RFA PROCESS

STATUTORY RAPE VERTICAL PROSECUTION (SRVP) PROGRAM

Deliver to the Children's Branch

Submitted by:

San Bernardino County District Attorney's Office
316 N. Mt. View Ave., 3rd. Floor
San Bernardino, CA 92415-0004
(909) 387-6613

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING (OCJP A301)
GRANT AWARD FACE SHEET

The Governor's Office of Criminal Justice Planning, hereafter designated OCJP, hereby makes a grant award of funds to the following Administrative Agency (1) County of San Bernardino hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name District Attorney's Office

Contact Jane K. Allen Address 316 N. Mt. View Ave., San Bernardino, CA 92415

Telephone (909) 387-6613

(3) Project Title (60 characters maximum) E-mail Address (If you have one.) Statutory Rape Vertical Prosecution Program <u>jallen@da.sbcounty.gov</u>	Award No.
(4) Project Director (Name, Title, Address, Telephone) (four lines maximum) Jane K. Allen - Chief, Bureau of Administration 316 N. Mt. View Ave., 3 rd Floor San Bernardino, CA 92415-0004 (909) 387-6613	(7) Grant Period July 1, 2003 - June 30, 2004 (8) Federal Amount N/A (9) State Amount \$261,950
(5) Financial Officer (Name, Title, Address, Telephone) (four lines maximum) Cindy Monfort - Supervisor, Bureau of Administration 316 N. Mt. View Ave., 3 rd San Bernardino, CA 92415-0004 (909) 387-6631	(10) Cash Match N/A (11) In-Kind Match N/A (12) Total Project Cost \$261,950

This grant award consists of this title page, the proposal for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the OCJP Grantee Handbook, and the OCJP audit requirements, as stated in this Request for Proposal (RFP) and Request for Application (RFA). The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP/RFA.

FOR OCJP USE ONLY

Item:
Chapter:
PCA No.:
Components No.:
Project No.:
Amount:
Split Fund:
Split Encumber:
Year:
Fed. Cat. #:
Match Requirement:
Fund:
Program:
Region:

(13) Official Authorized to Sign for
Applicant/Grant Recipient

Name: Michael A. Ramos
Title: District Attorney
Address: 316 N. Mt. View Ave., 3rd Floor
San Bernardino, CA 92415-0004

Telephone: (909) 387-6603
Date:

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Fiscal Officer, OCJP

Date

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Michael A. Ramos, hereby certify that:
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: County of San Bernardino

IMPLEMENTING AGENCY: District Attorney

PROJECT TITLE: Statutory Rape Vertical Prosecution Program

is responsible for reviewing the OCPJ Grantee Handbook and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by the Office of Criminal Justice Planning including, but not limited to, the following areas:

Equal Employment Opportunity – (Grantee Handbook Section 2151)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of Race, Religious Creed, Color, National Origin, Ancestry, Disability (mental and physical) including HIV and AIDS, Medical Condition (cancer and genetic characteristics, Marital Status, Sex, Sexual Orientation, Denial of Family Medical Care Leave, Denial of Pregnancy Disability Leave, or Age (over 40).

Please provide the following information:

A.A. Officer: Richardo Martinez

Title: Affirmative Action/EEO Officer

Address: 157 West 5th. St., San Bernardino, CA 92415-0040

Phone: (909) 387-5584

Email: Not for Publication

II. Drug-Free Workplace Act of 1990 - (Grantee Handbook Section 2152)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

III. California Environmental Quality Act (CEQA) - (*Grantee Handbook Section 2153*)

The State of California requires all OCJP funded projects to obtain written certification that the project is not impacting the environment negatively.

IV. Lobbying - (*Grantee Handbook Section 2154*)

OCJP grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension - (*Grantee Handbook Section 2155*)

(This applies to federally funded grants only)

OCJP funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OCJP, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OCJP disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OCJP shall not be used to supplant expenditures controlled by the city council/governing board.

The Applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OCJP or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the Office of Criminal Justice Planning (OCJP) determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____

Authorized Official's Typed Name: Michael A. Ramos

Authorized Official's Title: District Attorney

Date Executed: _____

Federal ID Number: 95-6002748W

Executed in the City/County of: San Bernardino

AUTHORIZED BY:

☒ City/County Financial Officer

☐ City Manager

☐ Governing Board Chair

Signature: _____

Typed Name: Cindy Monfort

Title: Supervisor, Bureau of Administration

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the principal office of the project is located.

San Bernardino County *

2. POPULATION OF SERVICE AREA: Enter the total population of the service area served by the project.

NOTE:

1,709,434

PROJECT CONTACT INFORMATION

Applicant: San Bernardino County

Implementing Agency (if applicable): District Attorney's Office

Project Title: Statutory Rape Vertical Prosecution Program

Grant Number (to be added by OCJP): _____

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. If a section does not apply to your project, enter "N/A."

1. The person having day-to-day responsibility for the project:

Name: Verna Carey
Title: Lead Deputy District Attorney
Address: 412 W. Hospitality Lane, 3rd Floor, San Bernardino, CA 92415-0023
Telephone Number: (909) 891-3551 Fax Number: (909) 891-3574
E-Mail Address: vcarey@da.sbcounty.gov

2. The person to whom the person listed in #1 is accountable:

Name: Gary Fagan
Title: Supervising Deputy District Attorney
Address: 412 W. Hospitality Lane, 3rd Floor, San Bernardino, CA 92415-0023
Telephone Number: (909) 891-3533 Fax Number: (909) 891-3574
E-Mail Address: gafagan@da.sbcounty.gov

3. The executive director of a nonprofit organization or the chief executive officer (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: Michael A. Ramos
Title: District Attorney
Address: 316 N. Mt. View Ave., 3rd Floor, San Bernardino, CA 92415-0004
Telephone Number: (909) 387-6603 Fax Number: (909) 387-6313
E-Mail Address: Not for publication

4. The chair of the governing body of the implementing agency: (Provide address and telephone number other than that of the implementing agency.)

Name: Fred Aguiar
Title: Chairperson, Board of Supervisors, San Bernardino County
Address: 385 North Arrowhead Ave., 5th Floor, San Bernardino, CA 92415-0110
Telephone Number: (909) 387-4866 Fax Number: (909) 387-8903
E-Mail Address: Not for publication

5. The person responsible for the project from the applicant agency, if different than #1:

Name: Jane K. Allen
Title: Chief, Bureau of Administration
Address: 316 N. Mt. View Ave., 3rd Floor, San Bernardino, CA 92415-0004
Telephone Number: (909) 387-6613 Fax Number: (909) 387-6313
E-Mail Address: jallen@da.sbcounty.gov

BUDGET CATEGORY AND LINE-ITEM DETAIL	FY 2003/2004
A. Personal Services - Salaries/Employee Benefits	COSTS
All salary and benefit rates are per the general employees current Memorandum of Understanding with the County of San Bernardino.	
1 DEPUTY DISTRICT ATTORNEY IV (Carey) salary \$4,178.40 (bi-weekly) for 26 pay-periods @ 100% DDA IV - Reviews cases, prepares complaints, motions, etc. and prosecutes.	112,209
1 INVESTIGATIVE TECHNICIAN II (Renquist) salary \$1,325.60 (bi-weekly) for 26 pay-periods @ 100% Invest. Tech. - Review referrals for follow-up and prepares exhibits and "We-Tip" work up.	34,604
1 SECRETARY I (Letournea) salary \$1,325.60 (bi-weekly) for 26 pay-periods @ 100% Secretary I - Supports staff, types court documents and prepares cases for court.	35,378
BENEFITS FOR EMPLOYEES:	54,463
UNIFORM	
RETIREMENT - GENERAL MEMBERS	
RETIREMENT - SURVIVOR'S BENEFITS	
RETIREMENT - INDEMNIFICATION - GENERAL MEMBERS	
INSURANCE - VISION CARE	
INSURANCE - SHORT-TERM DISABILITY	
INSURANCE - SOCIAL SECURITY MEDICARE	
(SDI) STATE DISABILITY INSURANCE	
WORKER'S COMPENSATION INSURANCE	
LIFE INSURANCE	
INDEMNIFICATION ALLOWANCE/CAFETERIA PLAN	
Total Personal Services	236,654

BUDGET CATEGORY AND LINE-ITEM DETAIL	FY 2003/2004
B. Operating Expenses	COSTS
COMMUNICATION COSTS Telephone expenses: Local, Long distance, Voice mail and Cell phones Computer expenses: E-mail and Internet	5,800
MEMBERSHIP/TRAINING Allowance for Membership/Training per Memorandum of Understanding for DDA IV is \$750.00 of which \$400 is for California State Bar Dues OCJP Mandatory 7th Annual 3R Conference - 1 employee @ \$200	950
PUBLICATIONS/SUBSCRIPTIONS Law books for DDA IV	200
OFFICE EXPENSES Consumable office supplies including mail and printing services.	2,200
AUDIT ALLOWANCE Financial and compliance audit per guidelines.	500
BLOOD WITHDRAWAL DNA testing, forensic costs, and HLA testing relating to development/presentation of evidence.	3,700
RENTS AND LEASES - EQUIPMENT Rental charges for Computers, Copiers and Pagers	4,000
RENTS AND LEASES - STRUCTURES 375 square ft. X \$1.50 per square ft. Lease: 412 Hospitality Lane, 3rd Floor San Bernardino, CA 92415	6,750
OTHER TRAVEL Air travel, Hotels, Meals for and Private Mileage related to county business/training <u>OCJP mandatory 7th Annual 3R Conference:</u> Air Travel - 1 employee @ \$200 Hotel - 1 employee X 3 days X \$119 per day = \$357 Meals - 1 employee X 3 days X \$50.00 = \$150.00	1,196
Total Operating Expense	25,296

BUDGET CATEGORY AND LINE-ITEM DETAIL				FY 2003/2004
C. Equipment (List individual items over \$1,000)				COSTS
Total Equipment				-
PROJECT TOTAL				261,950
FUND DISTRIBUTION	FEDERAL	STATE	CASH MATCH	IN-KIND MATCH
1. Amount of Funds				
1. Percentage of Funds				

SAMPLE OPERATIONAL AGREEMENT

N/A

This Operational Agreement stands as evidence that the _____ (applicant agency) _____ and the (agency) _____ intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in _____ (jurisdiction) _____. Both agencies believe that implementation of the proposal, as described herein will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

1. The _____ (applicant agency) _____ project will closely coordinate the following services with the (agency) _____ through:
 - Project staff being readily available to _____ (agency) _____ for service provision through (describe arrangements with the agency) _____;
 - Regularly scheduled meetings _____ (how often) _____ between _____ (persons/positions) _____ to discuss strategies, time tables and implementation of mandated services.

* Specifically:

- * List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of _____ (applicant agency) _____ and _____ (agency) _____, do hereby approve this document.

For _____ For _____

Date _____ Date _____

ADDITIONAL SIGNATURE AUTHORIZATION

N/A

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

The following persons are authorized to sign for:

Project Director

Financial Officer

Signature _____

Signature _____

Name _____

Name _____

Signature _____

Signature _____

Name _____

Name _____

Signature _____

Signature _____

Name _____

Name _____

Signature _____

Signature _____

Name _____

Name _____

Signature _____

Signature _____

Name _____

Name _____

Approved By:

Project Director : _____

Date

Financial Officer: _____

Date

Regional/Local
Planning Director: _____

Date